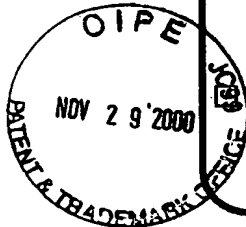


Please type a plus sign (+) inside this box → ☐

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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted with Initial
Filing OR ☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)**Attorney Docket Number** 40999**First Named Inventor** Ernst Eberlein**COMPLETE IF KNOWN****Application Number** /**Filing Date****Group Art Unit****Examiner Name**

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Frame Structure and Frame Synchronization for Multicarrier Systems

the specification of which

(Title of the Invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) 04/14/98 as United States Application Number or PCT International

Application Number PCT/EP98/02169 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|---|
| | | |

(Page 1 of 2)

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Albert

Heuberger

Inventor's
Signature

Albert Heuberger

Date

11/21/00

Residence: City

Erlangen

State

Country

Germany

Citizenship

German

Post Office Address

Hausaeckerweg 18

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City

Erlangen

State

ZIP

D-91056

Country

Germany

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Heinz

Gerhaeuser

Inventor's
Signature

Heinz Gerhaeuser

Date

11/21/00

Residence: City

Waischenfeld

State

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Germany

Citizenship

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Saugendorf 17

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D-91344

Country

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Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

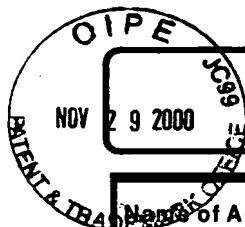
Country

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 2

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Sabah

Badri

Inventor's
Signature

S. Badri

Date

11/22/00

Residence: City

Erlangen

State

Country

Germany

Citizenship

Moroccan

Post Office Address

Sebaldustrasse 8

DEX

Post Office Address

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Erlangen

State

ZIP

D-91058

Country

Germany

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Stefan

Lipp

Inventor's
Signature

S. Lipp

Date

11/22/00

Residence: City

Erlangen

State

Country

Germany

Citizenship

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Steinweg 9 a

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Erlangen

State

ZIP

D-91058

Country

Germany

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Stephan

Buchholz

Inventor's
Signature

Date

Residence: City

Muenchen

State

Country

Germany

Citizenship

German

Post Office Address

Kerschbacher Strasse 8

Post Office Address

City

Muenchen

State

ZIP

D-81447

Country

Germany

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

| Name | Registration Number | Name | Registration Number |
|-------------------|---------------------|------------------------|---------------------|
| David S. Abrams | 22,576 | Stacey J. Longanecker | 33,952 |
| Robert H. Berdo | 19,415 | Joseph J. Buczynski | 35,084 |
| Alfred N. Goodman | 26,458 | Wayne C. Jaeschke, Jr. | 38,503 |
| Mark S. Bicks | 28,770 | Tara Laster Hoffman | 46,510 |
| John E. Holmes | 29,392 | Jeffrey J. Howell | 46,402 |
| Garrett V. Davis | 32,023 | Marcus R. Mickney | 44,941 |
| Lance G. Johnson | 32,531 | Christian C. Michel | 46,300 |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

| | | | |
|---------|---|-----------|---------------|
| Name | John E. Holmes | | |
| Address | Roylance, Abrams, Berdo & Goodman, L.L.P. | | |
| Address | 1300 19th Street, N.W., Suite 600 | | |
| City | Washington | State | D.C. |
| ZIP | 20036 | | |
| Country | USA | Telephone | (202)659-9076 |
| Fax | (202)659-9344 | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

| | | | |
|--|------------------|------------------------|----------|
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Ernst | | Eberlein | |
| Inventor's Signature | Date | | 11/21/00 |
| Residence: City | Grossenseebach | State | Country |
| | | | Germany |
| Post Office Address | Waldstrasse 28 b | | |
| Post Office Address | DEX | | |
| City | Grossenseebach | State | ZIP |
| | | | D-91091 |
| Country | Germany | | |

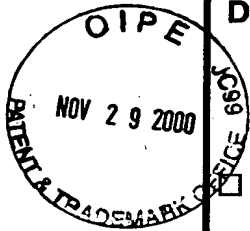
☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → ☐

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

| | |
|--------------------------|----------------|
| Attorney Docket Number | 40999 |
| First Named Inventor | Ernst Eberlein |
| COMPLETE IF KNOWN | |
| Application Number | / |
| Filing Date | |
| Group Art Unit | |
| Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Frame Structure and Frame Synchronization for Multicarrier Systems

the specification of which (Title of the Invention)

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) 04/14/98 as United States Application Number or PCT International

Application Number PCT/EP98/02169 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| | | |

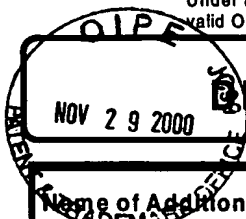
[Page 1 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

| | | | | | | | |
|--|--------------|------------------|--|---|---------|-------------|---------|
| Name of Additional Joint Inventor, If any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Albert | | | | Heuberger | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | Erlangen | State | | Country | Germany | Citizenship | German |
| Post Office Address | | Hausaeckerweg 18 | | | | | |
| Post Office Address | | | | | | | |
| City | Erlangen | State | | ZIP | D-91056 | Country | Germany |
| Name of Additional Joint Inventor, If any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| Heinz | | | | Gerhaeuser | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | Waischenfeld | State | | Country | Germany | Citizenship | German |
| Post Office Address | | Saugendorf 17 | | | | | |
| Post Office Address | | | | | | | |
| City | Waischenfeld | State | | ZIP | D-91344 | Country | Germany |
| Name of Additional Joint Inventor, If any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | |
| | | | | | | | |
| Inventor's Signature | | | | Date | | | |
| Residence: City | | State | | Country | | Citizenship | |
| Post Office Address | | | | | | | |
| Post Office Address | | | | | | | |
| City | | State | | ZIP | | Country | |

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 2

| | | | | | | | | |
|--|--|------------------------|-------|---|---------|----------|-------------|----------|
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| Sabah | | | | Badri | | | | |
| Inventor's Signature | | | | Date | | | | |
| Residence: City | | Erlangen | State | | Country | Germany | Citizenship | Moroccan |
| Post Office Address | | Sebalusstrasse 8 | | | | | | |
| Post Office Address | | | | | | | | |
| City | | Erlangen | State | | ZIP | D-91058 | Country | Germany |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| Stefan | | | | Lipp | | | | |
| Inventor's Signature | | | | Date | | | | |
| Residence: City | | Erlangen | State | | Country | Germany | Citizenship | German |
| Post Office Address | | Steinweg 9 a | | | | | | |
| Post Office Address | | | | | | | | |
| City | | Erlangen | State | | ZIP | D-91058 | Country | Germany |
| Name of Additional Joint Inventor, if any: | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | | | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | | | | |
| Stephan | | | | Buchholz | | | | |
| Inventor's Signature | | Stephan Buchholz | | Date | | 11/20/00 | | |
| Residence: City | | Muenchen | State | | Country | Germany | Citizenship | German |
| Post Office Address | | Kerschbacher Strasse 8 | | | | | | |
| Post Office Address | | DEX | | | | | | |
| City | | Muenchen | State | | ZIP | D-81447 | Country | Germany |

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+

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| U.S. Parent Application or PCT Parent Number | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |
|--|---------------------------------|--------------------------------------|
| | | |

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

| <input type="checkbox"/> Customer Number <input type="text"/> | | <input type="checkbox"/> OR | | Place Customer Number Bar Code Label here |
|--|---------------------|-----------------------------|---------------------|---|
| <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below | | | | |
| Name | Registration Number | Name | Registration Number | |
| David S. Abrams | 22,576 | Stacey J. Longanecker | 33,952 | |
| Robert H. Berdo | 19,415 | Joseph J. Bucznski | 35,084 | |
| Alfred N. Goodman | 28,458 | Wayne C. Jaeschke, Jr. | 38,503 | |
| Mark S. Bicks | 28,770 | Tara Laster Hoffman | P-46,510 | |
| John E. Holmes | 29,392 | Jeffrey J. Howell | 46,402 | |
| Garrett V. Davis | 32,023 | Marcus R. Mickney | 44,941 | |
| Lance G. Johnson | 32,531 | Christian C. Michel | 46,300 | |

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number OR ☒ Correspondence address below

| | | | | | |
|---------|---|-----------|---------------|-----|---------------|
| Name | John E. Holmes | | | | |
| Address | Roylance, Abrams, Berdo & Goodman, L.L.P. | | | | |
| Address | 1300 19th Street, N.W., Suite 600 | | | | |
| City | Washington | State | D.C. | ZIP | 20036 |
| Country | USA | Telephone | (202)659-9076 | Fax | (202)659-9344 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

| | | | |
|--|------------------|------------------------|-----------------|
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| Ernst | | Eberlein | |
| Inventor's Signature | | | Date |
| Residence: City | Grossenseebach | State | Country Germany |
| Post Office Address | Waldstrasse 28 b | | |
| Post Office Address | | | |
| City | Grossenseebach | State | ZIP D-91091 |
| Country | Germany | | |

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto